Claims Clues

A Publication of the AHCCCS Claims Department

March, 2004

Providers May E-mail Questions to Claims

Providers can now e-mail the AHCCCS Claims Department if they have questions or comments about **fee-for-service** policies and procedures.

Claims Department staff intends to respond to e-mails within three business days. Providers' questions and responses to those questions also will be compiled into a frequently asked questions (FAQs) section on the AHCCCS Web site.

To send an e-mail to AHCCCS Claims, visit the agency Web site at www.ahcccs.state.az.us. Click on the Information for providers link. On the Providers page, click on the



"Got A Question About Claims?"

Providers are asked **not** to e-mail AHCCCS with questions about the status of claims, claim denials, etc. For those inquiries, providers should use the AHCCCS Online Web site application. Providers also may contact the Claims Customer Service Unit at:

- Phoenix area: (602) 417-7670 (Option 4)
- In state: 1-800-794-6862
- Out of state: 1-800-523-0231, Ext. 77670

Revised EPSDT Tracking Forms Available on Web

HCCCS has revised and updated the mandated EPSDT Tracking Forms for documentation of well child visits for recipients up to age 21.

The revised forms are available in the on-line *AHCCCS Medical Policy Manual (AMPM)* on the

AHCCCS website at www.ahcccs.state.az.us. Click on the Information for Providers link to go to the Providers page. On the Providers page, scroll down to the Additional Information section to find the link to the AMPM.

AHCCCS contractors have been

advised to use their current supply of tracking forms before beginning use of the revised forms.

Providers who have questions or concerns regarding the forms should contact Kathleen M.
Stribrny, RN, EPSDT Coordinator, at (602) 417-4443.

AHCCCS Offers Electronic Reimbursement

HCCCS is now offering electronic payments to feefor-service providers.

The new payment option will process payments using the Automated Clearing House (ACH) rather than issuing checks to providers. The ACH payment method will enable providers to receive reimbursement more quickly.

The Arizona Clearing House Association (ACHA) serves as the clearing house and will process electronic payments directly to the provider's bank account through Bank of America, which functions as the state servicing bank. BofA will make the electronic payment available to a provider's account one business day after the date AHCCCS transmits the ACH payments file to BofA.

The ACH process offers several benefits to providers, including:

- Immediate availability of funds
- Fully traceable payments
- Elimination of mail and deposit

delays

• Elimination of lost, stolen, or misplaced checks

To begin receiving ACH payments, a provider must complete Sections 2 and 3 of the ACH Vendor Authorization form. The form is available on the AHCCCS Web site at www.ahcccs.state.az.us.

Click on the Providers link on the home page. A link to the form is on the Providers page.

(Continued on Page 2)

AHCCCS to Offer Electronic Reimbursement

(Continued from Page 1)

The provider's financial institution must complete Section 4 of the form. Submit the form to:

> AHCCCS Finance Department Mail Drop 5400 P. O. Box 25399 Phoenix, AZ 85002

AHCCCS will update the vendor file. The file update may require up to two weeks depending on volume.

AHCCCS will process its normal weekly fee-for-service payment cycle and transmit the ACH payment data to BofA, which will transmit the information to ACHA.

On the settlement date of the electronic payment, the provider's financial institution will credit the provider's individual account.

Providers who have questions should call (602) 417-4052 or (602) 417-4543.

Rate for H0031 to Increase; Coverage of H2000 to End

he AHCCCS fee-for-service rate for H0031 - Mental health assessment, by nonphysician, is increasing to \$42.00 per 30 minutes effective with claims for dates of service on and after April 15, 2004. The current rate is \$29.50.

In a related change, AHCCCS will discontinue coverage of code H2000 - Comprehensive multidisciplinary evaluation

effective with claims for dates of service on or after June 1, 2004.

Providers who currently bill code H2000 should bill using code H0031.

IHS Facilities Must Use Web, IVR to Verify Eligibility

Indian Health Service (IHS) facilities no longer have direct access to the AHCCCS system to check recipient eligibility and enrollment.

The Health Insurance Portability and Accountability Act (HIPAA) privacy regulations prohibit AHCCCS from allowing providers direct access to the AHCCCS system.

IHS providers can verify recipient eligibility and enrollment using the AHCCCS Online Web application. To create a free account and begin using the application, providers should go to the AHCCCS Home Page at www.ahcccs.state.az.us. Click on the Information for Providers link

to go to the Providers page. A link on the Providers page allows providers to create an account.

IHS providers also may use the Interactive Voice Response system (IVR) to verify eligibility and enrollment.

Providers may call IVR at:
Phoenix: (602) 417-7200
All others: 1-800-331-5090 □

Routine, Diagnostic Prenatal Service Not Covered for FES

Routine prenatal care, including routine or diagnostic prenatal services, are not covered for Federal Emergency Services (FES) recipients.

FES recipients are eligible for emergency medical services and delivery services only.

All claims for services provided to recipients eligible under the FES program are reviewed by the AHCCCS Administration on a case-by-case basis.

Claims must be submitted with documentation that supports the emergent nature of the services provided.

Provider Registration Materials Available on Web

Il AHCCCS Provider
Registration materials
are now available on the
AHCCCS Web site at

www.ahcccs.state.az.us.

Click on the Information for Providers link on the AHCCCS home page. Scroll down to the Provider Registration section.

All documents are in PDF format. They must be printed and completed offline.